Your name and address or attorney's name and address:	TELEPHONE NO.:	FOR COURT USE ONLY		
_				
ATTORNEY FOR (Name):				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF				
STREET ADDRESS:				
MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME:				
PETITIONER/PLAINTIFF:				
RESPONDENT/DEFENDANT:				
		CASE NUMBER:		
FINANCIAL STATEMENT (SIMPLIFIED	0)			
NOTICE: See reverse	or instructions and eligi	bility.		
1. a My only source of income is AFDC, SSI, or GA/GR	. (If you check this box, sk	rip to item 8.)		
<ul><li>b. I have applied for AFDC, SSI, or GA/GR.</li></ul>				
2. I am the parent of the following number of natural or adopted			%	
3. a. The children from this relationship are with me this amount				
b. The children from this relationship are with the other parel			%	
c. Our arrangement for custody and visitation is (specify, usi	ng extra sheet if necessary	<i>y</i> ):		
4. My tax filing status is: single married filing jo		ehold married filing separately.		
5. My current gross income (before taxes) per month is (specify	⁄ amount):	\$		
This income comes from the following:				
Salary (wages): Amount before taxes per month (spec				
Retirement: Amount before taxes per month (specify amount):				
Unemployment compensation: Amount per month (specify amount):				
Worker's compensation: Amount per month (specify amount):				
Social Security SSI Other Amount per month (specify amount):				
Disability: Amount per month (specify amount):		\$		
I have no income other than as stated in this paragraph.				
6. I pay the following monthly expenses for the children in this	case:			
a. Day care or preschool to allow me to work or go to	school (specify amount): .	<u>\$</u>		
b. Health care not paid for by insurance (specify amount):				
c. School, education, tuition, or other special needs of	f the child (specify amount	·):		
d. Travel expenses for visitation (specify amount):		<u>\$</u>		
7. There are (specify number)other minor	children of mine living with	me. Their monthly expenses		
which I pay are (specify amount):				
8. I spend the following average monthly amounts (please attack				
a. Job-related expenses that are not paid by my empl	oyer (specify on separate	sheet for what expenses are		
paid):				
b. Required union dues (specify amount):				
c. Required retirement payments (not Social Security	or FICA) (specify amount)	:		
d. Health insurance costs (specify amount):				
e. Child support I am paying for other minor children	of mine who are not living v	with me (specify amount): \$		
f. Spousal support I am paying because of a court or	der for another relationship	o (specify amount): \$		
		\$		
9. Information concerning my current employment				
Employer:		-		
Address:				
Telephone number:				
Occupation:				
Date work started:				
(Continu	ed on reverse)			

MARRIAGE OF (last name, first name of parties):	CASE NUMBER:			
<ul> <li>10. My estimate of the other party's gross monthly income (before taxes) is (specify amount):</li></ul>				
Date:				
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)  PETITIONER/PLAINTIFF RESPONDENT/DEFENDANT			

## **INSTRUCTIONS**

Step 1: Are you eligible to use this form? If your answer is YES to any of the following questions, you may NOT use this form:

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay that party's attorney fees?
- Do you receive money (income) from any source other than the following?
  - Welfare (such as AFDC, GR, or GA)
  - Salary or Wages
  - Disability
  - Unemployment

Worker's Compensation

CASE NUMBER:

- Social Security
- Retirement

• Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the Income and Expense Declaration (Form 1285.50). Even if you are eligible to use this form, you may choose instead to use the Income and Expense Declaration (Form 1285.50).

Step 2: Make 2 copies of each of your 3 most recent pay stubs. If you received money from other than wages of salary, include copies of the payment notice received with that money.

Privacy notice: If you wish, you may cross out your Social Security Number if it appears on the wage stub or other payment notice.

- Step 3: Make 2 copies of your most recent federal income tax form.
- Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8 ½" x 11", and staple to this form.
- Step 5: Make 2 copies of each side of this completed form and any attached pages.
- Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, or the District Attorney one copy of this form, one copy of each of your three most recent pay stubs, and one copy of your most recent federal income tax return.
- Step 7: File the original with the court. Staple this form with one copy of each of your three most recent pay stubs. Take this document and give it to the clerk of the court.
- Step 8: Keep the remaining copies of the documents for your file.
- Step 9: Bring the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider. This may result in an order that is not what you want.